



Adult Co-Ed Soccer League

The Bridgewater Recreation Department and Bridgewater United SC are excited to bring you Adult Co-Ed Soccer for fall 2014. This program will consist of co-ed soccer games for adults 30 years and older. Each participant will be provided 2 t-shirts at the first session. Adult pick – up games will be played at **the MCT field** (located next to the municipal building) on **Monday and Wednesday nights from 9pm – 10:30pm**.

Cost: \$80.00 Bridgewater Residents, \$90.00 Raritan Residents, \$100.00 Out-of-Town Residents; checks payable to “Bridgewater Township”.

Dates: **Mondays**, September 15, 22, 29, October 6, 13, 20, 27, November 3, 2014
Wednesdays, September 17, 24, October 1, 8, 15, 22, 29, November 5, 2014

Registration Deadline: September 8, 2014

Registration received after the deadline will require a \$20 late fee

Every participant **MUST** wear shin guards. Players are prohibited from wearing jewelry, earrings, or casts while taking part in any recreational activities.

Space is limited; registration is based on first-come, first-served at the Bridgewater Recreation Department. **Three ways to register!** In person at the Bridgewater Recreation Department (Municipal Complex – 100 Commons Way) 9am to 5pm Monday to Thursday 8am to 5pm Friday, drop registration off in the “REC” mail slot before or after office hours, or via postal service.

Bridgewater Recreation Department 100 Commons Way – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Thursday 8am to 5pm Friday www.bridgewaternj.gov

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Adult Co-Ed Soccer Fall 2014

\$80.00 Bridgewater Residents \$90.00 Raritan Residents
\$100.00 Out-of-Town Residents
Checks payable to “Bridgewater Township”

Last Name		First Name	Gender M/F	Date of Birth
Mailing Address		Town	Zip	
Home #	Cell #	Work #		
		1 2 3 4 5		
Email Address (Please print legibly)		T-Shirt Size	(Please Circle) Player Skills (5 being the best)	

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations. ☐ Yes, I will need to be notified regarding special considerations.

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

_____/_____/_____
Participant Signature Date